

Fill in this information to identify the case:			
Debtor 1	<u>Admnerys Rodriguez</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of New York			
Case number:	<u>22-42005</u>		

CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK

2025 APR 30 A 11:51

RECEIVED

Form 1340 (12/19)

## APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

### 1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

41,460.00

Claimant's Name:

Admnerys Rodriguez

Claimant's Current Mailing  
Address, Telephone Number,  
and Email Address:

142-06 116th Ave  
JAMAICA, NY 11436  
Phone # 347-981-9041  
Admnerys64@gmail.com

### 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

### 3. Supporting Documentation (Check statement that applies)

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney (Check statement that applies)**

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
 Eastern District of New York  
 271-A Cadman Plaza East  
 Brooklyn, NY 11201

RELEASE # 22-42005

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 4/29/2025

[Signature]

Signature of Applicant

Ms. Admerys Rodriguez

Printed Name of Applicant

Ms. Admerys Rodriguez  
142-06 116th Avenue  
Jamaica, Ny. 11436

Telephone: (347) 981-9041

Email: Admerys104@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF New York

COUNTY OF Suffolk

This Application for Unclaimed Funds, dated April 29th 2025 was subscribed and sworn to before me this 29th day of April, 2025 by

[Signature] Admerys Rodriguez  
 who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) CARLA J BRODSKY  
 Notary Public - State of New York  
 NO. 01BR6332853  
 Qualified in Suffolk County  
 My Commission Expires Nov 9, 2027

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: